

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/13/2010
NAME OF PROVIDER OR SUPPLIER  RIVER'S EDGE COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5 HUNT STREET EXT BENNINGTON, VT 05201		
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R100	Initial Comments:  An unannounced onsite survey for licensing and complaints was conducted 4/12/2010 and 4/13/2010.	R100		
R101 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.1. Eligibility  5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home retained a resident (Resident #1) who meets nursing home level of care. Findings include:  Per record review on 4/12/2010 and 4/13/2010, Resident #1 was assessed on 1/20/2010 as: 1) less than daily behaviors not easily altered including verbally abusive, physically abusive, socially inappropriate and resistant to care with overall mood and behaviors identified as "deteriorated"; 2) requiring a moderate assist with transfers, dressing, toileting, hygiene and total assist with bathing. Per interview on 4/14/2010, a facility nurse stated that the resident's condition at the time of the assessment (and to the current time) did not meet the definition of a level 3 resident and confirmed that a variance request to retain the resident in the home had not been completed.	R101	R101 River's Edge Community Care Home (RECCM) will identify residents level of care on an annual and as needed basis when significant change in resident's condition or care needs occurs. This will be done utilizing the 'Resident Assessment' tool and the 'Choices for Care ERC Tiered-Reimbursement methodology Scoring Worksheet'. The level of care will be documented on the residents assessment tool. For any resident determined to be care level I or II either a variance will be applied for or notice of discharge will be given to the resident or guardian using the prescribed form (attached). Documentation of each residents level of care will be audited yearly.	
R114 SS=D	V. RESIDENT CARE AND HOME SERVICES	R114		

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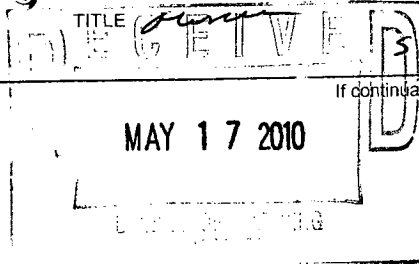
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

QFPL11

TITLE



(X6) DATE

14-10

If continuation sheet 1 of 14

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R114	Continued From page 1  5.3 Discharge and Transfer Requirements  5.3.a Involuntary Discharge or Transfer of Residents  (2) In the case of an involuntary discharge or transfer, the manager shall:  i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project.  ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.  iii. Include a statement in the written notice that the resident may remain in the room or home during the appeal.  iv. Place a copy of the notice in the resident's clinical record.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home	R114 7-7-10	<p>R101 Completion date: 6-15-10 Completion date resident #1: 4-12-10 R104 POC accepted - C. Laraway, RN R114 When a resident is determined to be a level I or II and RECCH determines that a variance will not be applied for, the state prescribed form for written notice of discharge will be provided to the resident and/or residents legal representative. (See attached) Completion date resident #1: 4-26-10 Completion date overall: ongoing R114 POC accepted. - C. Laraway, RN</p>		

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R114	Continued From page 2  failed to provide one applicable resident (Resident #1) and / or a family member with specific reasons for a discharge and appeal rights. Findings include:  Per record review on 4/12/2010, a notice of involuntary discharge was found in the record of Resident #1. The notice contained no specific reasons for the discharge and provided Resident #1 and / or family members with no appeal rights information. During interview on the afternoon of 4/12/2010, the Manager confirmed that the form prescribed by the licensing agency for giving notice of discharge had not been used and that the discharge notice did not contain specific reasons for discharge nor appeal rights.	R114			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to accurately reflect the needs of Resident #1 in a written plan of care. Findings include:  1) Per record review on 4/13/2010, nursing progress notes indicated that Resident #1 attempted to leave the facility on 3/7/09, 9/16/09 and 11/26/09 and was immediately found either in the driveway or on the entrance ramp in each	R145	<i>R145 A written plan of care for each resident will include identification of the care and services necessary to assist the resident to maintain independence and well being. This will include information about the residents behavioral issues and identify interventions to ensure safe and appropriate care. The care plan will be reviewed</i>		

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R145	Continued From page 3  circumstance. On 9/6/09, progress notes indicated that the resident sought multiple times to exit the building without success. The plan of care for Resident #1 contains no information / direction to staff about addressing the resident's exit seeking behaviors.  During interview at 1:00 PM on 4/14/2010, the Manager confirmed that Resident #1 has attempted to leave the building stating that the Resident is difficult to re-direct and that there is no written plan of care around Resident #1's exit seeking behaviors.  2) Per record review on 4/13/2010, nursing progress notes reviewed indicate that Resident #1 exhibits verbal and physical aggression to staff and other residents. The plan of care for Resident #1 contains no information about the resident's behavioral issues to direct staff in safe and appropriate care for this resident.  During interview on 4/14/2010 at 10:45 AM, a facility nurse confirmed that the resident exhibits frequent verbal and / or physical aggression and confirmed that a plan of care to direct staff interventions during behavioral episodes was not present in the record.	R145	<i>by a skilled nurse for each resident at the time of assessment, to be done annually and with any significant change in resident's condition.</i> <i>Completion date resident #1: 5-11-10</i> <i>Overall completion date: 6-15-10</i> <i>R145 POC accepted - C. Lanning, RN</i>		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (5) Staff other than a nurse may administer PRN psychoactive medications only when the home	R167	<i>167</i> <i>The Psychoactive Medication FlowSheet will be revised to include: The specific behavior intended to be addressed or corrected. Circumstances that indicate the use of the medication, the desired effects</i>		

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R167	Continued From page 4  has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not assure that a written plan for the use of PRN (as needed) psychoactives was developed for 1 applicable resident (Resident #1). Findings include:  Per record review on 4/13/2010, Resident #1 had an order for (and had received during the prior month) Lorazepam 0.5mg (1/2 to 1 tablet) QAM and Q Afternoon PRN for combativeness / agitation. During interview with a facility nurse on 4/13/2010 at 2:38 PM, it was confirmed that there was no written plan describing the specific behaviors the medication was intended to correct, nor the specific behaviors which would determine the use of either 1/2 or 1 tablet of the medication.	R167	And undesired side effects and specifications of appropriate dose when a range is allowed. The MAR will continue to contain documentation of time, reason and results of psychoactive medication use. Completion date: 6-15-10  R167 POC accepted - C. Lawrence, RN		
R171 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:	R171	171 The Abnormal Involuntary Movement Screen testing will be done for all residents receiving psychoactive medications. This will be done monthly for 3 months at treatment initiation and with		

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R171	Continued From page 5  (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not establish a record to monitor for the side effects of psychotropic medication(s) for 1 applicable resident (Resident #1). Findings include:  Per record review on 4/13/2010, Resident #1 receives Lorazepam 0.5 mg (milligram) at HS (bedtime) and has an order to receive Lorazepam 0.5mg (1/2 to 1 tab) Q (every) AM PRN (as needed) and Lorazepam 0.5mg (1/2 to 1 tab) Q PM PRN for combativeness / agitation. Per review of facility policy and procedure, resident's receiving psychotropic medications require AIMS (Abnormal Involuntary Movement Screen) testing monthly for 3 months at treatment initiation, quarterly and / or semi-annually thereafter (unless a change in dosage or psychotropic medication occurs). During interview on 4/13/2010, a facility nurse confirmed that Resident #1 does receive psychotropic medications and that there is no	R171	<p>increase in dose, and quarterly or semiannually thereafter.</p> <p>Use of 'AIM' Screening will be audited annually for each resident at the time of resident assessment.</p> <p>Completion date 5-25-10</p> <p>R171 POC accepted. — C. Laraway, RN</p>		

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R171	Continued From page 6  record that the AIMS screen has been completed.	R171			
R179 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that annual staff training to assure competency in resident care was provided. Findings include:</p> <p>Per record review on 4/12/2010, 5 of 5 staff records reviewed did not contain the required 12</p>	R179	<p>A monthly Calander will be set up with Mandatory In-services.</p> <p>7-7-10 R179 POC accepted. -Charany R</p>		

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R179	Continued From page 7  hours of training nor the mandated trainings in Resident rights, fire safety and emergency evacuation, resident emergency response procedures, policy regarding mandatory reports of abuse, neglect and exploitation, respectful and effective interactions with residents, infection control measures, and general supervision and care of residents. During interview on the afternoon of 4/12/2010, the Manager confirmed that training records were incomplete for all reviewed staff.	R179			
R190 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home did not obtain criminal record and adult abuse registry checks for 3 of 5 staff reviewed. Findings include:  Per record review on 4/12/2010, two direct care staff persons had no evidence of criminal record checks and a third staff person had no criminal or abuse registry checks available. The Manager confirmed on 4/12/2010 at 2:05 P.M that these required background checks were not available.	R190			
R208 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.18 Reporting of Abuse, Neglect or Exploitation	R208			

As soon as a new Employee is hired. The Criminal record and Adult abuse background Checks will be done within 1 week POC accepted as revised - see attachment for R190. - C. Laramy, RN



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R208	Continued From page 8  5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the licensee and staff failed to report multiple incidents of resident to resident abuse initiated by Resident #1 toward other residents of the home. Findings include:  Per record review conducted on 4/13/2010 for the period from 3/2009 to 4/12/2010, Resident #1 initiated multiple verbal and / or physical assaults upon various residents and staff of the home. During interview on 4/14/2010, the Manager confirmed that the behaviors of Resident #1 have become unpredictable over the previous year, that notification of affected resident families had not occurred and that a behavior plan of care for Resident #1 had not been developed. It was also confirmed that the licensing agency had not been notified regarding the behavioral issues Resident #1 was exhibiting.	R208	Resident - Resident Abuse will be reported to licensing agency and reported to the Doctor and Family the Day it happens.  7-710 R208 POC accepted. - C. Laraway, RN		
R226 SS=D	VI. RESIDENT'S RIGHTS  6.14 Residents subject to transfer or discharge from the home, under Section 5.3 of these regulations, shall:	R226			

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R226	Continued From page 9  6.14.a Be allowed to participate in the decision-making process of the home concerning the selection of an alternative placement;  6.14.b Receive adequate notice of a pending transfer; and  6.14.c Be allowed to contest their transfer or discharge by filing a request for a fair hearing before the Human Services Board in accordance with the procedures in 3 V.S.A. § 091.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to notify Resident #1 of rights related to an unplanned discharge. Findings include:  Per record review on 4/12/2010, the record of Resident #1 contained a document indicating involuntary discharge. The document advised the Resident that needs could no longer be met, but did not detail what those needs included nor did it advise the Resident and /or responsible party of the Resident's right to contest the discharge along with a description of that process. During interview on the afternoon of 4/12/2010, the Manager confirmed that the home had not provided complete information to Resident #1.	R226	A new discharge/transfer document is now in place. It fully describes the reasons for the discharge/transfer. It also describes their rights to contest said discharge/transfer. It states the name, address and phone number of who to contact. It also gives the amount of days for them to contest. Also if they do not wish to appeal no further action is required. This document will be sent to the resident and all responsible parties.  R226 POC accepted. - C. Larway, RD	
R232 SS=F	VII. NUTRITION AND FOOD SERVICES  7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance.  This REQUIREMENT is not met as evidenced by:	R232		7-7-10

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R232	Continued From page 10  Based on record review and interview, the home did not provide completed menus for the current week. Findings include:  Per record review on 4/12/2010, there were no supper menus planned from this date through the end of the month. During interview that afternoon, the Manager confirmed that no menus for supper had been completed.	R232			
R234 SS=F	VII. NUTRITION AND FOOD SERVICES  7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the home did not post the current week's menu for viewing by residents and others. Findings include:  Per record review on 4/12/2010, an a-la-cart menu for breakfast and a daily lunch menu for the week was posted on the refrigerator. There was no supper menu posted for viewing. During interview that afternoon, the Manager confirmed that supper menus were not posted as required.	R234	BREAKFAST, LUNCH & SUPPER menu's WILL BE POSTED WEEKLY, FOR RESIDENT & PUBLIC VIEWING. @ menu SUBJECT TO CHANGE SUBSTITUTION WILL BE POSTED.  7-7-10 R234 POC accepted. - C. Laraway, RN		
R235 SS=E	VII. NUTRITION AND FOOD SERVICES  7.1.a.(4) The home must follow the written, posted menus. If a substitution must be made, the substitution shall be recorded on the written menu.  This REQUIREMENT is not met as evidenced	R235			

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R235	Continued From page 11  by: Based on observation, interview, and record review, the home did not record substitutions on the written menu as required. Findings include:  Per observation on 4/13/2010 bologna and cheese sandwiches were served for the lunch meal. The posted menu indicated that ham and cheese sandwiches would be served that date. On 4/14/2010 sandwiches were served for the lunch meal. The posted menu indicated that soup would be served that date. No changes, indicating the substitutions had been made to the posted menu for either meal. On the afternoon of 4/14/2010, the Manager confirmed that substitutions had been made and that the posted menu had not been changed to indicate the changes.	R235			
R247 SS=E	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that all perishable food and drink are held at proper temperatures. Findings include:  Per observation during the initial tour on 4/12/2010, two freezers and a refrigerator / freezer (freezer compartment) in the basement	R247	All thermometers for all refrigerators and freezers have been replaced with new ones. These will be checked daily to make sure they are at correct temps. A log will be implemented and placed on the side of the refrigerator. 7-7-10 POC accepted. - C. Laramy, RN		

If continuation sheet 13 of 14

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0085	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED  C 04/13/2010
NAME OF PROVIDER OR SUPPLIER  RIVER'S EDGE COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5 HUNT STREET EXT BENNINGTON, VT 05201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R302	Continued From page 13  9.11 Disaster and Emergency Preparedness  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home has not conducted all required fire drills. Findings include:  Per record review, the home had conducted fire drills on 3/13/2009 at 12:00 Noon and on 5/14/2009 at 8:48 AM. During interview on 4/12/2010 at 2:55 PM, the Manager confirmed that the 6 required fire drills had not been conducted during the prior 12 months.	R302	<p>- SUPER BUS LINE WILL TRANSPORT RESIDENTS TO ST. FRANCES PARISH HALL.</p> <p>- BENN. RURAL FIRE DEPT. &amp; SQUAD ON SITE FOR EVAC. DRILL YEARLY.</p> <p>- INSERVING W/ FIRE CHIEF SCHEDULED TO BETTER EXPLAIN EVAC. PROCEDURES.</p> <p>- VERBAL FIRE DRILLS CONDUCTED MONTHLY TO ENSURE ALL RESIDENTS KNOW WHICH EXIT TO USE IN DIFF. LOCATIONS IN HOME.</p> <p>- BOOKS AT EVERY DOOR W/ ALL RESIDENTS EMERGENCY CONTACT INFO.</p> <p>- ALL DRILLS, EMER. EVACUATIONS AND STAFF INVOLVED, WILL BE DOCUMENTED.</p> <p>R302 POC accepted &amp; attached as addendum. — C. Laramay, RN</p>	

**Riversedge Community Care Home**  
**5 Hunt Street**  
**Bennington, Vermont 05201**

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Licensing and  
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**R190-** Before hiring an employee - a criminal and abuse check will be done.

7-22-10 R190 POC accepted to addendum. — C. Laramy, RN

**R291-** Hot water - a thermometer will be used weekly to make sure water temperature is at 120 degrees and will be charted.

7-22-10 R291 POC accepted to addendum — C. Laramy, RN

**R302-** Fire Drills Set-up: 2 Night Drills, 1 Morning Drill, 1 Afternoon Drill and 1 Evening Drill. These drills will take place every 6 months. An in-service will also take place, one time annually.

7-22-10 R302 POC accepted to addendum. — C. Laramy, RN